## DECLARATION and POWER OF ATTORNEY

s a bel	ow named inventor, i declare t ginal, first and joint inventor (t	hat the information given herein is true, that I believ plural names are listed below) of the subject mate	e that I am the original, first or which is claimed and for wh	and sole inventor	(if only one name is liste	d as 1 below) titled:
		CIRCULAR HEA	IER GUARD,			
a sher	was filed on	as United States Application Number of	or PCT International Applicati	on Number		
icknov rereby	lence, post office address and viedge my duty to disclose info state that I have reviewed and	citizenship are as stated below next to my name. rmation which is material to the patentability of this i understand the contents of the above identified sp under Title 35, United States Code, § 119 of any for n for patent or inventor's certificate having a filing de	reign application(s) for patent ate before that of the applicat	t or inventor's ce	ntificate listed below and I	
		PRIOR FOREIGN A	DATE OF FILING		PRIORITY CLAIMED	
	COUNTRY	APPLICATION NUMBER	Month Day Year		35 U.S.C. 11	
	Japan	2003-187383	6/30/2003		⊠ Yes □	No
sted b	elow and, insofar as the subject	S.C. 120 of any United States application(s), or 365 at matter of each of the claims of this application is r J.S.C. 112, I acknowledge the duty to disclose Infor a prior application and the national or PCT internation	mation which is material to p	atentability as de	nating the United States international application fined in 37 C.F.R. 1.56 w	of America, in the manner hich became
	(Application Serial N	lo.) (Filing			(Status)	in the Detect :-
mater	rank Office connected therewit	od Inventor, I hereby appoint the following registered to 1. h. ,177; H. HENRY KODA, Reg. No. 27,729.	d practitioner(s) to prosecute	this application a	and transact all business i	n ine Palent aik
Send	correspondence to:	KODA & ANDROLIA 2029 Century Park East. Suite 1430 Los Angeles, CA 90067-3024	DIRECT TELEPHONE CAL		A & ANDROLIA 77-1391	
Please	Print)				OTATE COUNTRY	
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	Name of Inventor		Residence: CITY		STATE or COUNTRY	
4	Post Office Address					CITIZENSHIP
these that so	statements were made with th uch willful false statements ma	nade herein of my own knowledge are true and that e knowledge that willful false statements and the lik ry jeopardize the validity of the application or any pa	tent issuing thereon.		of are believed to be true; ment, or both, under 18 U	and further that I.S.C. 1001 and
SIGNATURE OF INVENTOR 1			SIGNATURE OF INVENTOR 2			
* TAKEHIRA SENGOKU			DATE			
DATE / LY, OCT, D } SIGNATURE OF INVENTOR 3			SIGNATURE OF INVENTOR 4			
<u></u>		DATE				
DAT	TE		37.16	·····		